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APPLICANTS

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\*\* CONTINUING DATA ..... *Yes mp* .....

This application is a CON of 09/881,862 06/14/2001 PAT 6,722,360  
 which claims benefit of 60/211,990 06/16/2000

\*\* FOREIGN APPLICATIONS ..... *NONE* .....

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 34/18	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance <i>mp</i>	Verified and Acknowledged Examiner's Signature	Initials		

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TITLE  
 Methods and devices for improving breathing in patients with pulmonary disease

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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